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DATE: January 13, 2005

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Commissioner for Patents	703-872-9306	
Examiner M. Peffley GAU 3739		

FROM: Stephen C. Beuerle

RE: U.S. Patent Application No. 10/772,861
Our Ref. 108481-01NP

CC:

MESSAGE:

Attached please find:

- 1) transmittal form;
- 2) fee transmittal form; and
- 3) amendment

CONFIDENTIAL INFORMATION

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Client Name: Medwaves, Inc.
Client/Matter No.: 108481.000003
Equirac No: 8065
108481.000001/510839.01

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

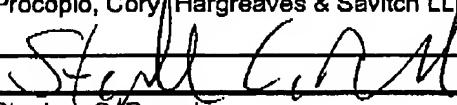
Application Number	10/772,861
Filing Date	02/06/2004
First Named Inventor	Gregory K. Feld
Art Unit	3739
Examiner Name	Michael F. Peffley
Attorney Docket Number	108481-01NP

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a	<input type="checkbox"/> Appeal Communication to TC
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Provisional Application	<input type="checkbox"/> (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Procopio, Cory Hargreaves & Savitch LLP

Signature 

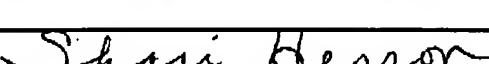
Printed name Stephen C. Beuerle

Date 1/13/05

Reg. No. 38,380

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature 

Typed or printed name Shari Herron

Date 1/13/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT 15

Complete If Known

Application Number	10/772,861
Filing Date	02/06/2004
First Named Inventor	Gregory K. Feld
Examiner Name	Michael F. Peffley
Art Unit	3739
Attorney Docket No.	108481-01NP

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-2075 Deposit Account Name: Procopio, Cory, Hargreaves & Savitch LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

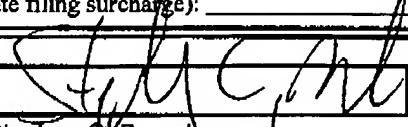
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. 38,380 (Attorney/Agent)	Telephone 619-238-1900
Name (Print/Type)	Stephen C. Beuerle	Date	1/13/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 13 2005

Serial No. 10/772,861
13 January 2005 Reply to
18 October 2004 Office Action

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:**Feld, et al.****Serial No.: 10/772,861****Filed: February 6, 2004****For: Preformed Catheter Set for Use With
a Linear Ablation System to Produce
Ablation Lines in the Left and Right
Atrium for Treatment of Atrial Fibrillation****Group Art Unit: 3739****Examiner: M. Peffley****Attorney No.:
108481/01NP**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated October 18, 2004, reconsideration and allowance of the present application is respectfully requested in view of the following Amendments and Remarks, where:

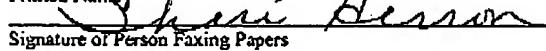
Amendments to the Claims begin on page 2 of this paper; and**Remarks begin on page 6 of this paper.**

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO, fax. Number 703-872-9306 on the date shown below.

Shari Heron

Printed Name



Signature of Person Faxing Papers